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PTO/SB/82 (01-06)
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Application Number	See Schedule A
Filing Date	
First Named Inventor	See Schedule A
Art Unit	
Examiner Name	
Attorney Docket Number	See Schedule A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27,623

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OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	HAIM SHANI, CEO		
Date	28 APR 2008	Telephone	+972-9-775-3707

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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